

**Appendix 3 to Office of Refugee Services Quality Assurance Review Guide:
Refugee Mental Health Program**

Agency_____

I. Refugee Population and Number Served

- a) Estimate the total refugee population in your service delivery area Enter #
- b) Number of eligible refugee currently served under your MH project Enter #

II. Refugee MH Advisory Council

- a) Does your agency have a MH Advisory Council? Yes No
- b) If yes, how many members are there? Enter #
- c) How often are meetings held? (attach copies of minutes) Enter #
- d) If there is not a MH Advisory Council, please explain why?

Advisory Council Members present during the onsite review (if applicable)

| | Name | Position/Title | Years Served |
|----|------|----------------|--------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |

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III. Goals and Outcomes

| | Total Case | Assessment | Ongoing Treatment | Case Management |
|---------------------------|------------|------------|-------------------|-----------------|
| a) Goals for the Year (*) | | | | |
| b) Achieved to Date | | | | |
| c) % of Outcomes | | | | |

(*) As indicated in your agency's action plan

IV. In-service Training

What are the issues or topics you feel need more in-service training in your local mental health providers area?

V. Best Practices and Issues Encountered

(a) Describe successful activities contributing to project outcomes:

(b) Describe specific issues or concerns encountered:

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VI. Case File Maintenance

| | Enter Number | | |
|---|----------------------|------------------------|--------------|
| (1) Total Active Caseload (from the most recent QPR) | | | |
| (2) Number of Files reviewed | | | |
| | Always | Some- times | Never |
| (3) Do the case files contain documentation of refugee or asylee status? (to include copies of the I-94 or 'Green Card') | | | |
| (4) Is program eligibility documented? (are intake, assessment forms completed?) | | | |
| (5) Enter the number of cases that may not be eligible for refugee services. | Enter Number: | | |
| (6) Does the case file contain a service plan? | | | |
| (7) Does the case file clearly document what services were provided and when? | | | |
| (8) Does the case file clearly document specific Mental Health goals? | | | |
| (9) Enter the number of files that do not have documented goals. | Enter number | | |
| (10) Is the client attending a support group? | | | |
| (11) Enter the number of cases closed . | Enter Number | | |
| (12) Are Outcomes documented (specific goals are achieved, alternate goals are identified when initial goals have not been achieved). | | | |

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VII. Community Support and Linkages

(a) Describe any written inter-agency agreements or service contracts for refugee mental health services. Also, describe any participation or representation on local mental health related organizational Boards, committees, etc.:

(b) Does your MH staff participate in regular meetings of other agencies serving refugees in the community? Describe topics and frequency for such meetings:

VIII. Reports

a) Quarterly Performance Reports (QPRs)

| | | |
|---|-----|----|
| 1) Are the QPRs submitted in a timely manner? | Yes | No |
| 2) Is the narrative of the QPRs complete? | Yes | No |
| 3) Are the schedules/tables of the QPRs completed accurately? | Yes | No |

b) CARS Expenditure Reports

| | | |
|--|-----|----|
| 1) Are monthly CARS Expenditure Reports forwarded in a timely manner to the DWD CARS Unit? | Yes | No |
|--|-----|----|

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| | | |
|--|-------------|-----------|
| 2) Do the monthly CARS Reports accurately reflect current agency number, agency type, and profile numbers? | Yes | No |
| 3) Do monthly CARS Expenditure Reports project to exceed the current budget? | Yes | No |
| 4) Are monthly CARS Expenditure Reports reporting actual costs or estimated costs? | Actual | Estimated |
| 5) Is the agency submitting CARS Reports electronically? | Yes | No |
| 6) If yes, is the ORS Contract Monitor receiving a copy? | Yes | No |
| 7) How is ORS receiving a copy? | Electronic. | Paper |

IX. Billing System for clinical services

Do you have bilingual staff working under our mental health program that are funded by other programs (billing MA, HMO, private insurance, etc.)?

___no, ___yes, please answer the following questions:

1. Please describe which type of agency you are billing.

2. For what type of service?

3. Approximate number of clients served under these funds? Are these included/excluded from the number served in the QPR?

4. What is the approximate revenue gained from these sources?

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5. How do you ensure that the same staff costs are not billed to both funding sources?

X. Local Match (20 percent)

Please identify the source and amount of your local match for the current year and describe your efforts to maintain the mental health services to refugees after ORS' fund is exhausted.

XI. Additional Comments and/or Questions from the Agency

**Thank you for your completion of this form. The next section is for
Office of Refugee Service's staff to complete!**

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FOR ORS STAFF USE ONLY

1. Case File Review Results

| | | |
|--|---------|--|
| a) Number of case files selected for review | Enter # | |
| | | |
| b) Number of cases found to be ineligible under MH | Enter # | |
| | | |
| c) Number of cases without clear documentation of goals and activities | Enter # | |
| | | |
| d) Number of cases without proper documentation of services provided | Enter # | |
| | | |
| e) Number of cases without a service plan and documentation of outcomes | Enter # | |
| | | |
| f) Number of cases closed | Enter # | |

2. Findings and Recommendations/Corrective Actions

(To be completed by ORS review team. Also see paragraph VIII in the base Quality Assurance Review Guide)
